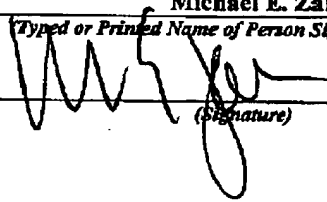


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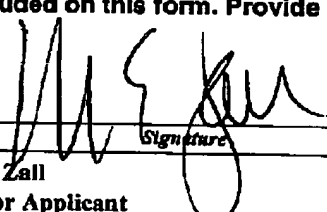
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p. 1

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Tsuyoshi Nishiwaki			Docket No. 3.0-029C
Application No. 10/780,257	Filing Date 02/18/2004	Examiner Stashick, Anthony D.	Group Art Unit 3728
Invention: MIDSOLE INCLUDING CUSHIONING STRUCTURE			
<p>I hereby certify that this _____ <u>Response to Office Action of December 01, 2005.</u></p> <p align="center"><small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>March 27, 2006</u></p> <p align="center"><small>(Date)</small></p> <div style="text-align: right; margin-right: 100px;"> <u>Michael E. Zall</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div> <p align="center">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 3.0-29c	
Applicant(s): Tsuyoshi Nishiwaki						
Application No. 10/780,257	Filing Date 02/18/2004	Examiner Stashick, Anthony D.	Customer No.	Group Art Unit 3728	Confirmation No. 2220	
Invention: MIDSOLE INCLUDING CUSHIONING STRUCTURE						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	4 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Michael E. Zall Attorney for Applicant Reg. No. 27,023 Two Yorkshire Drive Suffern, NY 10901 (845) 357-6800			Dated: 03/27/2006			
CC:			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			

P11LARGE/REV09